



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/086,904
		Filing Date	February 28, 2002
		First Named Inventor	Jon Gelsey
		Art Unit	1745
		Examiner Name	Alejandro, Raymond
Total Number of Pages in This Submission	18	Attorney Docket Number	42390P13786

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">           - First Class Certificate of Mailing;            and            - the stamped return postcard.         </div>
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	4-26-05

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathiesen
Signature	
Date	April 26, 2005



# FEE TRANSMITTAL for FY 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$ )      500.00

#### Complete If Known

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Art Unit	1745
Attorney Docket No.	42390P13786

#### METHOD OF PAYMENT (check all that apply)

- Check    Credit card    Money Order    None    Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s)    Credit any overpayments
- under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

#### FEE CALCULATION

##### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	33	33* = <input type="text"/> 0	x <input type="text"/> 50.00	= <input type="text"/> \$0.00
Independent Claims	2	3* = <input type="text"/> 0	x <input type="text"/> 200.00	= <input type="text"/> \$0.00
Multiple Dependent				= <input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\$ )	0.00

\*\*or number previously paid, if greater. For Reissues, see below

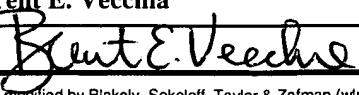
##### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	<input type="text"/>
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	<input type="text"/>
2053	130	2053	130	Non-English specification	<input type="text"/>
1251	120	2251	60	Extension for reply within first month	<input type="text"/>
1252	450	2252	225	Extension for reply within second month	<input type="text"/>
1253	1,020	2253	510	Extension for reply within third month	<input type="text"/>
1254	1,590	2254	795	Extension for reply within fourth month	<input type="text"/>
1255	2,160	2255	1,080	Extension for reply within fifth month	<input type="text"/>
1401	500	2401	250	Notice of Appeal	<input type="text"/>
1402	500	2402	250	Filing a brief in support of an appeal	<input type="text"/>
1403	1,000	2403	500	Request for oral hearing	<input type="text"/>
1451	1,510	2451	1,510	Petition to institute a public use proceeding	<input type="text"/>
1460	130	2460	130	Petitions to the Commissioner	<input type="text"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806	180	1806	180	Submission of Information Disclosure Stmt	<input type="text"/>
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
Other fee (specify)			(\$ )	500.00	
SUBTOTAL (2)			(\$ )	500.00	

#### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	4-26-05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450